SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT Rewish 2012



Electronic Filing

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Page 1 of 20

COVER PAGE

1. NAME OF COMMITTEE										
Greenwich Democratic Town Committee										
2. TREASURER NAME										
First Howard			MI	Last Richman			Suffix			
3. TREASURER ADDRESS			•							
Street Address		City			State	2	Zip Code			
387 Round Hill Rd		Green	nwich		СТ		06831			
4. ELECTION/REFERENDUM DATE	5 OFFICE SOLI	HT (Ca	mnlete only if (Candidate Committee)		6 DISTRI	CT NUMBER (if applicable)			
4. EEECHOWKEFERENDOM DATE	3. OFFICE SOO	GIII (Co	mpiete only if C	anatatie Committee)		0. DISTRI	CT NOMBER (y applicable)			
7. CANDIDATE NAME (Complete only if Car	didate or Explorators C	ommitta	a)			<u> </u>				
First	and or Exploratory C	ommutet	MI	Last			Suffix			
8. TYPE OF REPORT										
January 10 Filing - Original										
9. PERIOD COVERED										
7. LERIOD COVERED										
	Beginning Date			Ending Date						
	10/27/2014		thru	12/31/2014						
10 CERTIFICATION										
I hereby certify and state, unc Itemized Campaign Finance complete										
complete.										
Electronic Filing	Howard Richman			01/0	6/2015 5	:56:00PM				
SIGNATURE	PRINT NAME OF TH	E SIGNE	ER	DATE	CERTIFIED					
PENALTY I				BLE BY FINE NOT TO EXCI THAN ONE YEAR, OR BOT		, OR				
				•						

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Greenwich Democratic Town Committee	January 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$1,245.88
12. Balance on hand at the beginning of Reporting Period	\$7,982.87	
13. Contributions received from Individuals (Section A and B)	\$1,405.00	\$25,690.26
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$1,405.00	\$25,690.26
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,387.87	\$26,936.14
19. Expenses Paid by Committee (Section P)	\$7,612.75	\$25,161.02
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$1,775.12	\$1,775.12
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

	I. MONETARY RECEIPT	ΓS (Sec	tion A	A-K)			
NAME OF COMMITTEE		,			YPE OF REPORT		
Greenwich Democratic Town Committee					anuary 10 Filing - Origina	al	
			~ ~ ~				
A. Total Contributions from Small					\$0.00		
(See instructions for definition of Small Contributor)				Section A			
	B. Itemized Contributions from	Individ	ıals				
			F 3.				1,0
Last Name			First Na				MI
Edwards Residential Street Address		City	Cn	ristine		State	Zip Code
111 Bible St			s Cob)		CT	06807
Principal Occupation				me of Employer			1
				Daine a site a Torr			
				Primesites Inc.			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate				Yes No	Am	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more			ed with nave			
X No							
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	ospective sta	ite contr	ractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Execu	ntive Legislative			
Method of Contribution				Date Received	Aggregate Contributions	-	
	🗆	l					
Credit/De	ebit Card Payroll Deduction	Money O	rder	10/30/2014	\$195.00		\$100.00
Last Name			First Na	me	•	•	MI
Delman				chard			A
Residential Street Address		City				State	Zip Code
299 Weaver St Apt 7A		G	reenwi	ich		СТ	06831
Principal Occupation			Naı	me of Employer			•
Accountant				HH Brown			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	aammittaa	for a abi	iaf avagutiva		I Am	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin				Yes No	All	lount of Contribution
☐ No	a contract with said municipality valued at more	than \$5000?					
Is this contribution associated with a	Is contributor a principal of state contractor or pro	ospective sta	ate contr	ractor?	Yes X No		
fundraising event listed in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	Г	Execu		Yes 🔼 No		
If yes, list Event ii	government the contract is with:		Lxccc	nive <u> </u>			
Method of Contribution				Date Received	Aggregate Contributions		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	10/20/2014	¢100.00		¢100.00
				10/30/2014	\$100.00		\$100.00
Last Name			First Na	me			MI
Edwards, III		G'i	Ch	arles		G	N N
Residential Street Address 111 Bible St		City	os Cob			State CT	Zip Code 06807
Principal Occupation				me of Employer		Ci	00807
Case Worker, Social Services				Town of Greeenw	ich		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate				Yes No	Am	nount of Contribution
of dependent child of a lobbyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more to			ed with have			
∐ No				-			
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	ospective sta	ate contr	ractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Execu	ntive Legislative			
Method of Contribution	ļ			Date Received	Aggregate Contributions	\dashv	
					30 -0		
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder	10/30/2014	\$100.00		\$100.00

						Page 4 01 20
	I. MONETARY RECEIPT	S (Sect	tion A-K)			
NAME OF COMMITTEE		•	,	TYPE OF REPORT		
Greenwich Democratic Town Committee				January 10 Filing - Origin	al	
	B. Itemized Contributions from I	Individu	uals	·		
Last Name		I	First Name			MI
Royce			Karen		_	F
Residential Street Address		City			State	Zip Code
53 Maher Ave		Gr	reenwich		СТ	06830
Principal Occupation			Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee 1	for a chief executive		Aı	mount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busing			Yes No		
□ No	a contract with said municipality valued at more th	nan \$5000?	?			
Is this contribution associated with a fundaming growt listed in Section 112 Yes	Is contributor a principal of state contractor or pro-	spective sta	ate contractor?	Yes X No		
fundraising event listed in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of		Executive Legis			
	government the contract is with:					
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	10/30/2014	\$250.00		\$250.00
			10/30/2014	\$230.00		\$230.00
Last Name		I	First Name			MI
Varga			Helma			
Residential Street Address 74 Bruce Park Ave		City	reenwich		State CT	Zip Code 06830
Principal Occupation		Gi	Name of Employer		Ci	00030
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Aı	mount of Contribution
of dependent child of a loodyist?	officer of a municipality does contributor or busing a contract with said municipality valued at more the					
□ No	- 1					
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective sta	ate contractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Executive Legis	lative		
Method of Contribution	<u> </u>		Date Received	Aggregate Contributions	$\overline{}$	
X Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	11/25/2014	\$5.00		\$5.00
Last Name			First Name	•	•	MI
Calimafde			Annette			w
Residential Street Address		City			State	Zip Code
9 Vista Ave		Ol	ld Greenwich		СТ	06870
Principal Occupation			Name of Employer			
Housewife						
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Aı	mount of Contribution
of dependent child of a loobyist?	officer of a municipality does contributor or busing a contract with said municipality valued at more the					
No No	- 1					
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of state contractor or pro	spective sta	rate contractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Executive Legis	lative		
Method of Contribution	<u> </u>		Date Received	Aggregate Contributions	=	
Cash Rersonal Check Credit/D	ebit Card Payroll Deduction	M C				
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	ruer 11/25/2011	#100.00	1	#100.00

11/25/2014

\$100.00

\$100.00

						Page 5 01 20
	I. MONETARY RECEIPTS	S (Section	n A-K)			
NAME OF COMMITTEE			Ź	TYPE OF REPORT		
Greenwich Democratic Town Committee				January 10 Filing - Origina	al	
	B. Itemized Contributions from In	ndividuals	<u>'</u>			
Last Name		First	Name			MI
Snyder			David	_		
Residential Street Address		City			State	Zip Code
11 Roosevelt Ave			reenwich		СТ	06870
Principal Occupation			Name of Employer			
Executive			Brandissimo! In	с.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more tha	ss he/she assoc		Yes No	Am	ount of Contribution
No	a contract with said municipanty varied at more tha	III \$5000 :				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or prost If yes, indicate which branch or branches of government the contract is with:	ective state co	_	Yes X No		
Method of Contribution	1 -		Date Received	Aggregate Contributions	$\overline{}$	
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	11/25/2014	\$150.00		\$150.00
			11/23/2014	\$130.00		\$130.00
Last Name Mushkin		l	Name Martin			MI
Residential Street Address		City			State	Zip Code
403 Stanwich Rd		Greer			СТ	06830
Principal Occupation			Name of Employer			
Attorney			Law Office of Ma	artin Mushkin LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or business a contract with said municipality valued at more that	ss he/she assoc		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or prosp	pective state co	ontractor?	Yes X No	_	
fundraising event listed in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	П	ecutive Legislativ			
ii yes, list Event #	government the contract is with:	L Ex	Legislative Legislativ	•		
Method of Contribution			Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	11/25/2014	\$260.00		\$150.00
Last Name		First	Name			MI
Monahan			Patricia			
Residential Street Address		City			State	Zip Code
135 Havemeyer Pl		Greer			СТ	06830
Principal Occupation			Name of Employer			
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate or officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she assoc		Yes No	Am	ount of Contribution
Is this contribution associated with a	Is contributor a principal of state contractor or prosp	pective state co	ontractor?	Yes X No	-	
fundraising event listed in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:	☐ Ex	ecutive Legislativ			
Method of Contribution	1		Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Order	11/25/2014	#100.00		±100.00

11/25/2014

\$100.00

\$100.00

\$1,405.00

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	I. MONETARY RECEIPTS	S (Sec	tion A-K)						
NAME OF COMMITTEE				TYPE OF REPORT					
Greenwich Democratic Town Committee				January 10 Filing - Origina	al				
	B. Itemized Contributions from In	ndivid	uals						
Last Name			First Name			MI			
Beck			Sigmund			A			
Residential Street Address		City			State	Zip Code			
15 Skyridge Rd		G	reenwich		СТ	06831			
Principal Occupation			Name of Employer						
Consultant			Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she	associated with have	Yes No	Am	ount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Method of Contribution			Date Received	Aggregate Contributions					
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder 11/25/2014	\$150.00		\$150.00			
Last Name			First Name	•		MI			
Bendfeldt			Sandra			K			
Residential Street Address		City	Sanura		State	Zip Code			
333 Palmer Hill Rd # 2D		1	iverside		CT	06878			
Principal Occupation		IX	Name of Employer		<u> </u>	1 00070			
Trincipal Occupation			rvanie of Employer						
Singer			Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busines a contract with said municipality valued at more that	ss he/she	associated with have	Yes No	Am	ount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	pective st	ate contractor? Executive Legislar	Yes X No					
Method of Contribution			Date Received	Aggregate Contributions					
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money O	rder 11/25/2014	\$200.00		\$200.00			
			11, 23, 2311	Total of Sectio	n R	\$1,405.00			
				I otal of Section	עוו	Ţ=, .55.00			

(Sections A & B)

(Total on Line 14 of Summary Page)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS

I. MO	NETAR	Y RECEIPTS	S (Section	A-K)						
NAME OF COMMITTEE						TYPE OF REPORT				
Greenwich Democratic Town Committee					,	January 10 Filing - Origi	nal			
C1. Contributions from Other Committees										
Name of Committee Name of Treasurer										
Address	Yes	No	Amount of Contribution							
City	State	If yes, list Evo	ent # Date Receiv	ed	Aggregate C	ontributions				
Total of Section C1										
I. MONETA	RY RE	CEIPTS (Sect	tion A-K)							
NAME OF COMMITTEE						TYPE OF REPOR	Г			
Greenwich Democratic Town Committee						January 10 Filing - Or	iginal			
C2. Reimbursemen	ts. Paym	ents. or Surplu	s Distribu	tions from	other Co	ommittees				
Name of Committee			Nam	e of Treasurer						
Address Date Received										
City State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution										
						Total of Section	C2			

	I. MO	NETARY	RECEI	PTS (Section A-	K)				
NAME OF COMMITTE	E					ТҮРЕ (OF REPOR	T	
Greenwich Democration	e Town Committee					January	10 Filing - Or	iginal	
	D. L	oans Recei	ved this P	eriod					
Name of Lender				Source of Loan:					Date of Receipt
				Bank	Candidate	Individua	l Ot	ther	
Street Address			Cit	y		State	Zip Code		Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (i	f applicable)		<u> </u>			<u> </u>			Amount Received
Street Address			City			State	Zip Code		
			I			 	Total of	Section	D
	I. M	ONETAR	Y RECE	IPTS (Section A	-K)				
NAME OF COMMITTE	EE					ТҮРЕ ОН	FREPORT		
Greenwich Democrati	ic Town Committee					January 10	Filing - Origi	inal	
E. R	eccipts from Entities other t	han Indivi	duals or O	ther Committees	(Referendı	ım Comm	ittees ON	LY)	
Name of Entity									
					1				T
Street Address					Date R	eceived			Amount Received
City		State	Zip Code		Aggreg	ate Contributio	ons		
					•		Total of S	ection E	
	I. M	ONETAF	RY RECE	CIPTS (Section A	\-I)				
NAME OF COMMITTI	EE					T	YPE OF RI	EPORT	
Greenwich Democrat	ic Town Committee					Janu	ıary 10 Filing	- Origina	I
	F. Amount Transferred	from Affili	iated Busin	ness Treasury (Bu	siness Ent	ity Comm	ittees ON	LY)	
Date of Receipt	Is this transaction associated with a fund event listed in Section L1?	draising	Yes	No If yes, list	Event #			Amoun	t
	•					Total o	f Section F		

		I. MC	ONETARY RECEIP	TS (Section A-I)						
NAME OF COMMITTEE								OF REPO			
Greenwich Democratic To	wn Commi	ttee					January 10 l	Filing - Orig	inal		
G. Amount Transferred	G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)										
Date of Receipt Amount											
						,	Total of Sectio	on G			
								,			
		I. MONE	TARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE							TYPE OF	F REPOR	Т		
Greenwich Democratic Tov	Greenwich Democratic Town Committee January 10 Filing - Original										
H. Personal	Funds of th	e Candidate Rec	ceived this Period (Car	ndidate Committe	es O	NLY)					
Date of Receipt	Method of Pa	yment Cash	Personal Check	Credit/Debi	it Card	I			Amount		
						T	otal of Section	ı E			
		I. Moi	netary Receipts (Sec	tion A-K)							
NAME OF COMMITTEE							TYPE O	F REPOR	Т		
Greenwich Democratic To	wn Commi	ttee					January 10 Filii	ng - Origina	al		
		J. Interest from	n Deposits in Authoriz	ed Accounts		1					
Name of Institution						Date Rece	eived		Amount		
Street Address			City		State	e	Zip Code				
							Total of S	Section J			

I. M	IONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	ТҮРІ	E OF REI	PORT							
Greenwich Democratic Town Committee				January 10	January 10 Filing - Original					
K. Miscellaneous Monetary Receipts not Considered Contributions										
Name	nsaction			Amount Received						
Street Address	City State									
Description										
				Total of Sec	ction K					
II. FUNDRAISIN	IG EVENT ACTIVITY (S	Sections L1 - L	.4)							
NAME OF COMMITTEE				TYPE OF REPORT						
Greenwich Democratic Town Committee				January 10 Fili	ng - Origin	al				
	L1. Fundraiser Event Infor	mation								
Fundraising Event # Letter Description Date of Fundraiser										
Location: Street Address		City			State	2	Zip Code			
Subpart 1: (All Committees)	Yes	//f.vaa.ga.ta.Saa	ation I 4 I - I	Cind Denetions	-4 0					
Was this fundraising event hosted at a personal residence?	No	(If yes, go to Sec Contributions and o host(s) for food, be	complete rec	quired information			; by			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	Yes	(If yes, go to Sec				ered				
Tems connect by an incircular of all to \$100.	No	Contributions and C	Somplete rec	quired information	1.,					
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to \$100?	Yes	(If yes, enter Tot	al Receipts	s here.)						
	No									
Subpart 2: Were there purchases of advertising space in a program book or on a sign asso	tising Spac	ce in a Pro	ogram							
with this fundraiser?	No									
with this fundraiser? Subpart 3: (Town Committees ONLY)	No Yes	(If yes, enter Tot	1D							

Total of Section L1

		II. FUNDR	AISING EVENT ACTIVIT	Y (S	ections L1 - L4)					
NAME OF COMMITTEE	PE OF REP	EPORT								
Greenwich Democratic Town Committee January 10 Filing - Original										
L3. Purchases of A	Advertisi	ing in a Program B	ook or on a Sign							
Name of Purchaser Purchase Made By: Business Entit Sole Proprieto									Individual	
Street Address					City			State	Zip Code	
Date Received	Event #		Aggregate Purchases for All Events	Amou	ant of Program Ad Purchase		Amount o	Sign Purc	hase	
						Total o	of Section L3			
		II. FUNDRAIS	ING EVENT ACTIVITY (S	ectio	ons L1 - L4)					
NAME OF COMMITTEE						TYPE	OF REPO	RT		
Greenwich Democratic	Гоwn Co	ommittee				January	10 Filing - Ori	ginal		
		L4. In-Kind Don	ations Not Considered Contrib	ution	S					
Name of the Donor										
Street Address				City				State	Zip Code	
Donation Given by: Business Entity		Description of Donation							Market Value of Donation	
Individual	ŀ	Date Received Event # Aggregate value for this event								
Sole Proprietorship										
						Total of So	ection I.4			

1	II. NO	ONMONETA	RY	RECEIPTS (Section	s M -	O)					
NAME OF COMMITTEE								TYPE	OF REPO	ORT	
Greenwich Democratic Town Committee	e						Ja	January 10 Filing - Original			
M. In-Kind Contributions											
Name											
Street Address City								State		Zip Code	
Type of Contributor: Committee Individual / Sole Proprietorship Other	Date R	Leceived	Ag	gregate contributions	Descrip	tion of In-Kind	Contributio	on			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more No than \$5000?										farket Value of this Contribution	
Is this contribution associated with a Yes fundraising event listed in Section J1? No If yes, list Event# Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legis							egislative	Yes No			
						To	otal of Se	ction M			
	II	I. Non Monet	tary	Receipts (Sections M	I - O)						
NAME OF COMMITTEE							ТҮРЕ (OF REPO	RT		
Greenwich Democratic Town Committe	e						January	10 Filing - 0	Original		
N	l. Refu	ndable Deposi	t to	Telephone Company							
Last Name of Individual				First Name			MI	Da	te Deposit Ma	ade	
Residential Street Address City State Zip Code Amount o Deposit							Amount of Deposit				
Name of Telephone company											
Street Address City State Zip Code											
							Total o	of Section	N		

III. NONMONETARY RECEIPTS (Sections M - O)										
NAME OF COMMITTEE		,	TYPE OF REPFORT							
Greenwich Democratic Town Committee			January 10 Filing - Original							
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48										
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer									
Street Address		Date Notice Received	Fair Market Value of Donation							
City	State	Zip Code	Aggregate Donations							
Description of Donation	Purpose of Expenditure A B C D									
Total of Section O										

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	TYPE OF RE	EPORT							
Greenwich Der	nocratic	Town Committee			January 10 Filing	Filing - Original			
		P. Expenses	Paid By Committee						
Name of Payee Minuteman Press	s of Greei	nwich		Date of Payment 10/28/2014		Method of Payment X Check # 1033 Debit Card			
Street Address 31 St Roch Ave			City Greenwich			State Zip Code CT 06836			
Purpose of Expenditu (by code) PRNT	ire	Description printing of postcards for GOTV mailing		Event #		A	Amount		
Expenditure # (if applicable)		expenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough Independent	Coordinated Organization	with reimbursemen	t sought		\$1,088.26		
Name of Payee United States Po	stal Serv	ice		Date of Payment 10/28/2014		Method of Payment X Check # 1034 Debit Card			
Street Address 29 Valley Dr			City Greenwich			State CT	Zip Code 06831		
Purpose of Expenditu (by code) POST	ire	Description postage for GOTV postcard mailing	Event #			Amount			
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required						\$1,029.00			
Name of Payee William Sheri Sti	ingone LL	С		Date of Payment 11/12/2014		Method of Payment X Check Debit 0			
Street Address 1 Castle Lndg			City Rye Brook	rook			Zip Code 10573		
Purpose of Expenditu (by code) PTY-BLDO		Description HQ electric/gas bills September/October		Event #		A	Amount		
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sough Coordinated without reimbursement sough Independent Organization A B C D						\$886.89			
Name of Payee Judy Berg				Date of Payment 11/12/2014			# 1040 Card		
Street Address 28 Dandy Dr			City Cos Cob			State CT	Zip Code 06807		
Purpose of Expenditu (by code) Misc *	ire	Description Misc for election night HQ party		Event #		A	Amount		
Expenditure # (if applicable) Itemization in Addendum P Required									

IV. EXPENDITURES (Sections P - T)										
NAME OF COMMITTEE TYPE OF R							EPORT			
Greenwich Der	nocratic	Town Committee			January 10 Filing - Original					
		P. Expenses	Paid By Committee							
Name of Payee Joseph Kantorsk	İ				Method of Payment X Check # 1041 Debit Card					
Street Address 38 William St W			City Greenwich			State Zip Code CT 06830				
Purpose of Expenditu (by code) WEB	re	Description Website maintenance		Event #		A	umount			
Expenditure # (if applicable)		xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	t sought		\$600.00			
Name of Payee Al Shehadi				Date of Payment 11/12/2014		Method of Payment X Check Debit C				
Street Address 27 Byram Shore F	₹d		City Greenwich			State CT	Zip Code 06830			
Purpose of Expenditu (by code)		Description Dist 4 GOTV mailing Election 2014	Event #			Amount				
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sough Coordinated without reimbursement sough Independent Organization A B C D							\$113.38			
Name of Payee East Putnam Var	riety			Date of Payment 11/12/2014		Method of Payment X Check Debit O				
Street Address 88 E Putnam Ave			City Greenwich	nwich			Zip Code 06830			
Purpose of Expenditure Description (by code) PTY-BLDG Election night HQ balloons			Event#			A	umount			
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required							\$87.95			
Name of Payee Burke Catering, LLC			Date of Payment 11/12/2014			Method of Payment X Check Debit C				
Street Address PO Box 624			City Riverside			State CT	Zip Code 06878			
Purpose of Expenditu (by code) FOOD	re	Description Election night HQ food/catering		Event #		A	umount			
Expenditure # (if applicable) Itemization in Addendum P Required										

IV. EXPENDITURES (Sections P - T)									
NAME OF COM	TYPE OF RE	EPORT							
Greenwich Den	nocratic	Town Committee			January 10 Filing	g - Original			
		P. Expenses	Paid By Committee						
Name of Payee Post Wines & Sp	irits			Date of Payment 11/12/2014		Method of Payment X Check # 1039 Debit Card			
Street Address 230 E Putnam Ave	e		City Cos Cob			State CT	Zip Code 06807		
Purpose of Expenditu (by code) FOOD	nre	Description Election night HQ party		Event #		Amount			
Expenditure # (if applicable)	l—	xpenditure (if applicable) Itemization in Addendum P Required dinated without reimbursement sough	Coordinated Organization	with reimbursemen	nt sought		\$27.63		
Name of Payee Joseph Kantorsk	ii			Date of Payment 11/12/2014		Method of Payment X Check # 1042 Debit Card			
Street Address 38 William St W			City Greenwich			State CT	Zip Code 06830		
Purpose of Expenditu (by code) PRNT	ıre	Description DTC GOTV Postcard design and production	Event#			Amount			
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required						\$200.00			
Name of Payee Jonathan Perloe				Date of Payment 11/13/2014		Method of Payment X Check Debit O			
Street Address 71 Valleywood Rd	I		City Cos Cob			State CT	Zip Code 06807		
Purpose of Expenditure (by code) A-WEB Description 2014 campaign Facebook Advertising				Event #		A	Amount		
Expenditure # (if applicable) Itemization in Addendum P Required							\$251.22		
Name of Payee Frank Farricker				Date of Payment 11/19/2014		Method of Payment X Check # 1044 Debit Card			
Street Address 6 W Putnam Ave			City Greenwich			State CT	Zip Code 06830		
Purpose of Expenditu (by code) PTY-BLDO		Description 2013 Headquarters rent		Event #		A	Amount		
Expenditure # (if applicable) Itemization in Addendum P Required									

							1 age 17 01 2		
		IV. EXPENDITURES	S (Sections P - T)						
NAME OF COMMITTEE TYPE						YPE OF REPORT			
Greenwich Dem	Greenwich Democratic Town Committee January 10 Filing								
		P. Expenses	Paid By Committee						
Name of Payee Express Merchant	t Process	sing SE	Date of Payment 12/03/2014			Method of Payment X Check # 1045 Debit Card			
Street Address PO Box 17201			City Wilmington			State Zip Code DE 19850			
Purpose of Expenditure (by code) BNK	re	Description Electronic Banking Fee/April 2004		Event #			Amount		
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required							\$26.00		
Name of Payee William Sheri Stir	С	Date of Payment 12/09/2014			Method of Payment X Check # 1046 Debit Card				
Street Address 1 Castle Lndg			City Rye Brook			State Zip Code NY 10573			
Purpose of Expenditure (by code) PTY-BLDG Description HQ electric/gas bills November				Event #			Amount		
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sough Independent Organization A B C D						\$200.00			
Name of Payee Optimum/Cablevision				Date of Payment 12/16/2014		Method of Payment X Check # 1047 Debit Card			
Street Address PO Box 9256 City Chelsea			City Chelsea				Zip Code 02150		
Purpose of Expenditure (by code) Misc *				Event #			Amount		
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required							\$177.02		
				1	Total of Section P		\$7,612.75		

		IV.	. EXPENDITURES	(Se	ctions P -	T)							
NAME OF COM	1MITTEE								ТҮРЕ С	TYPE OF REPORT			
									January 10 Fil	ing - Original			
		Q. Cam	paign Expenses Paid l	By C	andidate								
Name of Payee (Name	of vendor who c	andidate paid directly)					Date of Pay	yment	:	Is Reimbursement Claimed?			
										Yes No			
Street Address			City							State	Zip C	ode	
Purpose of Expenditure (by code)	Desc	ription					Event #				A	mount	
(6) 5525)													
Total of Section Q									,				
		IV.	EXPENDITURES										
NAME OF COM	MITTEE								TYPE OF R	EPORT			
Greenwich Der	nocratic To	wn Committee		January 10 Filing - Original									
		R. Expense	s Incurred on Commi	ittee (Credit Car	ď	•						
Name of Issuing Instit	ution			Тур	e of Credit Card								
					Visa Other	Maste	r Card]	Discover	American Exp	oress		
Name of Vendor										Date of Transa	ction		
Street Address					City					State		Zip Code	
Purpose of Expenditure Description (by code)						Event #				Amo	unt		
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum R Required Coordinated with reimbursement sought Coordinated without reimbursement sough Independent Organization A B C D													

Total of Section R

IV. EXPENDITURES											
NAME OF COMM	NAME OF COMMITTEE TYPE OF RE						REPORT				
Greenwich Demo	Greenwich Democratic Town Committee January 10 Filing							ng - Original			
		S. Expense	es Incurred By Committee	but Not Paid Du	ıring t	his Period					
Name of Creditor	Name of Creditor							Date Incurred			
Street Address City							State	Zip Code			
Purpose of Expenditure (by code)	Event #						Amount Incurred (Estimate or Actual)				
Expenditure# (if applicable) Type of Expenditure (if applicable) Itemization in Addendum S Required Coordinated with reimbursement sought Coordinated without reimbursement sough Independent Organization: A B C D											
	Total of Section S										
			IV. EXPENDIT	TURES							
NAME OF COMM	IITTEE						ТҮРЕ	OF REPOR	Т		
Greenwich Demo	ocratic T	Γown Committee					January	10 Filing - Or	Original		
		T. Itemization	of Reimbursements to Com	nmittee Worker	s and (Consultant	s				
Last Name of Worker/Co	Last Name of Worker/Consultant First MI Date of Payment Method o					Method of I	of Payment Check # Debit Card				
Secondary Payee								•			
Street Address City						State	Zip Code				
Purpose of Expenditure (by code) Description Event #							Amount				
Expenditure #	Тур	oe of Expenditure (if applicated) Coordinated without reimb	ble) Itemization in Addendem T Require ursement sough Independen			with reimburser	nent soug	cht D			

Total of Section T